Lesbian Health Initiative of Houston, Inc.

Volume 7, Issue 1 | Newsletter | Winter 2003-04

Valentine Gala "Celebration of Love II"

The Lesbian Health Initiative (LHI) is pleased to host the second annual Valentine's Night Dinner, Dance, with entertainment this February 14, 2004. The Gala will be on a Saturday night from 6:30pm until 1am, and is to be held at the Hobby Airport Hilton Hotel. 8181 Airport Blvd., in the main ballroom. Dinner will be a served/seated repast, with a vegetarian option available if you call before February 10, 2004. The entertainment will be provided by Kate Clinton, nationally acclaimed lesbian comedian. The dance floor will be larger this year and the dj/music will be provided by The Best of Both Worlds with Andra Haviland and Kellee Ash. The Hobby Hilton is a beautiful hotel and their staff is working with us to make this event one of the best the LGBT community has for you in 2004.

We will have a live auction with a select few items offered for bidding. Additionally we will have a raffle for numerous other gifts and prizes. This event is a fundraiser for LHI to support its programs of providing needed health services to the women in our community and we deeply appreciate your participation with us in attending the Valentine Gala. We are pleased to present this Gala with quality entertainment – YOU deserve it!

LHI has tables for ten (10) for sale, or individual tickets for open seating available. Tables are priced at $600.00, and individual tickets at $60.00. We are keeping the prices the same as in 2003.

There is ample parking at the Hobby Hilton location, and the hotel is ADA compliant.

LHI is planning a printed program so if you are interested in placing an ad for your business or company in our program please contact us at 713-603-0023 or at lhi@lhihouston.org so we may email or fax ad rates to you.

If you are interested in sponsoring a table please contact us at the above number, and thanks.

This event sold out last year and everyone had a great time – so we hope to make the Valentine Night Gala bigger and better in 2004!

LHI is a non-profit 501 (c) 3 tax exempt organization; donations are tax exempt to the limit of the law.

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Lesbian Health Initiative of Houston, Inc.
Mission Statement

Our mission is to promote women's health in the Lesbian, Gay, BiSexual and Transgender Community

To accomplish this we will:

Provide education and health resources to our our community
Establish government and private agency liasions to initiate and support funding of programs to promote health and wellness
Form partnerships with health care providers willing to ensure that women in our community have access to sensitive and responsible health care

10 things lesbians should discuss with health care providers

The Gay and Lesbian Medical Association (GLMA) has listed 10 health care concerns lesbian should include in discussions with their physicians or other health care providers. The medical group ranks breast cancer as the top priority. Other necessary topics include depression, gynecological cancer, diet and osteoporosis.

"Many lesbians and far too many health professionals are not comfortable or do not know how to discuss health issues related to sexual orientation," said GLMA Executive Director Maureen S. O'Leary, R.N. Unfortunately, there are some health risks that are of greater concern to lesbians, and we need to make sure they are addressed."

Gynecologist and former GLMA President Kathleen O'Hanlan, M.D., said that the medical community must look at all factors – gender, age, family history and current health – but that there are cultural competence issues involved in treatment of lesbians that many do not understand.

"We know from research," said O'Hanlan, "that lesbians are less likely to seek medical care than other women because of the stigma they experience everywhere in society. They also experience it when they go for medical care. Health care providers may feel uncomfortable asking questions they feel to be personal. They then limit their visit and dash out without counseling the patient.

"Although more research is needed to understand the prevalence and causes," O'Hanlan continued, "there is evidence that lesbians smoke more and drink more. It is also more likely they are overweight, which adds significant health risks."

Lesbian health concerns

1. **Breast Cancer**

   Lesbians have the greatest concentration of risk factors for this cancer of any subset of women in the world. Combine this with the fact that many lesbians over 40 do not get routine mammograms, do breast self-exams or have a clinical breast exam, and the cancer may not be diagnosed early when it is most curable.

2. **Depression/anxiety**

   Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some still have to hide their orientation from work colleagues, and by the fact that many lesbians have lost the important emotional support others get from their families due to alienation stemming from their sexual orientation.

3. **Gynecological Cancer**

   Lesbians have higher risks for some of the gynecological cancers. What they may not know is that Having a yearly exam by a gynecologist can significantly facilitate early diagnosis associated with higher rates of curability if they ever develop.

4. **Fitness**

   Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers and premature death. What lesbians need is competent advice about healthy living and healthy eating, as well as healthy exercise.

5. **Substance abuse**

   Research indicates that illicit drugs may be used more often among lesbians than heterosexual women. There may be added stressors in lesbian lives from homophobic discrimination, and lesbians need support from each other and from health care providers to find healthy releases, quality recreation, stress reduction and coping techniques.

Lesbian Health Concerns continued:

6. Tobacco

Research also indicates that tobacco and smoking products may be used more often by lesbians than by heterosexual women. Whether smoking is used as a tension reducer or for social interactions, addiction often follows and is associated with higher rates of cancers, heart disease and emphysema – the three major causes of death among all women.

7. Alcohol

Alcohol use and abuse may be higher among lesbians. While one drink daily may be good for the heart and not increase cancer of osteoporosis risks, more than that can be a risk factor for disease.

8. Domestic violence

Domestic violence is reported to occur in about 11 percent of lesbian homes, about half the rate reported by heterosexual women. But the question is, where do lesbians go when they are battered? Shelters need to welcome and include battered lesbians, and offer counseling to the offending partners.

9. Osteoporosis

The rates and risks of osteoporosis among lesbians have not yet been well characterized. Calcium and weight-bearing exercise as well as the avoidance of tobacco and alcohol are the mainstays of prevention. Getting bone density tests every few years to see of medication is needed to prevent fracture is also important.

10. Heart health

Smoking and obesity are the most prevalent risk factors for heart disease among lesbians; but all lesbians also need to get an annual clinical exam, because this is when blood pressure is checked, cholesterol is measured, diabetes is diagnosed and exercise is discussed. Preventing heart disease, which kills 45 percent of women, should be paramount to every clinical visit.

O'Leary added, "Of course – and it is important to repeat – many of the health concerns for lesbians are the same as they are for other women. But we must have a medical community that understands that there are cultural issues – orientation, gender identity, ethnicity, race, economic status – that must be understood as well. For lesbians, the "10 Things" list is a place to start."

From Gay.com Interactive Services, Health & HIV segment http:// www.gay.com/health/hiv/?sernum=1891

STUDY: MODEST EXERCISE MAY REDUCE BREAST CANCER RISK

http://www.imaginis.com/breasthealth/new...

Recreational exercise may reduce the risk of breast cancer in older women, according to new findings by the U.S. government research project, the Women's Health Initiative. Women over age 50 who engaged in the equivalent of 1.25 to 2.5 hours per week of brisk walking reduced their risk of developing breast cancer by 18%, compared with women who did not exercise. The effect was greatest in women who exercised the most frequency. Researchers say the study highlights the fact that post-menopausal women need not engage in strenuous activity to reduce their risk of breast cancer.

With the Increase in Type 2 Diabetes Comes a Focus on Its Warning Signs

From The New York Times, Sunday, June 22, 2003

By Fran Hawthorne

It was the pain in her feet that finally persuaded Vicki Daly Redholtz to seek help 12 years ago. The combination of shooting pains and numbness intensified at night. Ms. Redholtz a 58-year old travel consultant in Culver City, Calif., recalled. She began by consulting a podiatrist, who sent her for numerous tests over several months, but her condition was not diagnosed until an alert technician recognized her symptoms: Type 2 diabetes.

Looking back Ms. Redholtz realizes now that she had exhibited many of the classic warning signs of Type 2 diabetes, the most common form of the disease, for a long while. At the time she received the diagnosis, she was 46 years old, about 25 pounds overweight and had a strong family history of diabetes. For several years before the diagnosis was made she had been unusually thirsty and seemed to be constantly going to the bathroom.

But back then, she said, "I didn't know that diabetes was a possibility." So she ignored her symptoms, and failed to piece them together.

Diabetes is a disease in which the body does not effectively use of produce the insulin that is required to metabolize glucose, or blood sugar. As a result, too much glucose ends up in the bloodstream, which can damage the circulatory and nervous systems as well as major organs.

Type 2 diabetes typically appears after age 45, in which the body produces enough insulin but cannot use it properly to process glucose.

The National Institutes of Health estimates that 17 million Americans have the disease and another 16 million have prediabetes, a condition that may lead to diabetes later in life. The number of Americans who have received a diagnosis of diabetes increased 61 percent in the last decade, and is expected to more than double by 2050, according to the Centers for Disease Control and Prevention. Women are slightly more at risk than men, and minority women are especially vulnerable, possibly because of genetic factors.

Experts blame excess weight and inactivity for the epidemic. Another factor is the stealth nature of Type 2 diabetes, which tends to develop over many years, with insidious and gradually increasing symptoms like those experienced by Ms. Redholtz.

People who develop Type 2 diabetes have usually been prediabetic for years, meaning their blood-sugar levels are elevated but not high enough to qualify as diabetic. Both Type 2 and prediabetes are diagnosed through blood tests, which measure the level of blood sugar. The preferred screening method is the fasting plasma glucose test, in which a small amount of blood is drawn after the patient has fasted for at least 8 hours. Some doctors use the oral glucose tolerance test, in which blood samples are taken after the patient drinks a special glucose solution.

The risk factors for Type 2 diabetes include being overweight, obese or physically inactive, having a parnt or sibling with diabetes; having high blood pressure or high cholesterol; giving birth to a baby weighing more than nine pounds; being of African-American, Hispanic, Asian or American Indian descent; and being over age 45, though the disease is on the rise in younger people, including children.

Another risk factor is pregnancy: women who develop gestational diabetes are 20 to 50 percent more at risk of developing Type 2 diabetes over the next 5 to 10 years, according to the C.D.C.

The most common warning signs for Type 2 diabetes are increased thirst and frequent urination. Other symptoms include fatigue, constant hunger and blurred vision. Women also experience menstrual irregularity and chronic yeast infections. But these symptoms tend to come on slowly and can easily be mistaken for other conditions.

continued

People can also be diabetic without showing any symptoms. "Most people get diagnosed with Type 2 diabetes by accident," said Dr. Ivy Marcus, a psychologist and certified diabetes educator in Manhattan.

Left untreated, diabetes can lead to blindness, kidney disease, heart disease and nervous system damage, especially in the hands and feet, which in turn can cause the kind of pain and numbness Ms Redholtz had experienced. Fortunately, she suffered no permanent damage, though she said that her feet still hurt at night.

The good news is that Type 2 diabetes can, to a large extent, be delayed, controlled or prevented through diet and exercise.

"Following a healthy diet and keeping your weight down and exercising can have major benefits." Said Dr. Judith E. Fradkin, director of the division of diabetes, endocrinology and metabolic diseases at the National Institutes of Health. "I can't emphasize that enough."

Most diabetes experts recommend that people cut back on fats and carbohydrates. A nutritionist can help with an eating plan aimed at reducing cholesterol and blood sugar levels. As for exercise, the standard recommendation is 30 minutes of brisk walking or aerobics five days a week.

Because women have more trouble losing weight as they approach menopause, Dr. Levy said that she often recommended a little extra exercise for her female patients. Some doctors advise having a support system, like an exercise buddy. Dr. Anne Peters Harmel, an endocrinologist and the director of the University of Southern California Westside Center for Diabetes in Los Angeles, tries to enlist a woman's whole family in the effort.

"You don't want someone to become the diabetes police against the other." Dr. Harmel said.

On the other hand, she added, you would not want "your partner to buy potato chips and ice cream."

With an eye toward preventing diabetes in future generations, Dr. F. Xavier Pi-Sunyer, the director off the Obesity Research Center at St. Luke's-Roosevelt Hospital in New York, is studying women of different ethnic groups to see how fat is deposited on their bodies. Depending on where it is, fat releases varying levels of hormones that can affect insulin resistance.

Future treatments, Dr. Pi-Sunyer said, could focus not only on weight loss, but also on drugs that would affect the release of hormones.

Taking the Tests: The blood tests that screen for Type 2 diabetes and prediabetes, called the fasting plasma glucose test and the oral glucose tolerance test, are not part of most routine physical exams. Women and men who are 45 and older and overweight should be tested, experts say. If the results are normal, testing should be repeated in three years.

Women and men under 45 should be tested if they are overweight and have one or more risk factors, which include a parent or a sibling with diabetes; high-blood pressure or high cholesterol; being of African-American, Hispanic, Asian or American Indian descent; and women who have received a diagnosis of gestational diabetes during pregnancy or given birth to a baby weighing more than nine pounds.

Edited for content and space requirements.

Note from the editor:

At LHI Health Fairs we offer free to GLBT women: Blood glucose testing, Blood cholesterol testing for total cholesterol, and blood pressure checks. A number of women found to have markedly elevated blood glucose levels at the Health Fairs were referred to a physician for follow-up testing and were actually diagnosed as having Type 2 Diabetes. Others have been found to have hypertension (high blood pressure). These are some examples of what we do in LHI and it is important work - which can prevent disease progression and complications by finding indications early so treatment can start, ultimately preserving the quality of life as well as saving lives.

Sensitivity to Ovarian Symptoms

Survivor leads training program for third-year med students

By Rowann Gilman

Thirty one years ago, Betty Reiser was diagnosed with ovarian cancer…early. Now, as a survivor and the project director for "Survivors Teaching Students: Saving Women's Lives," she is making the importance of early diagnosis the message in medical school curricula, aimed at students in their third year when they're first entering the clinic for direct patient contact. "Mine is the story we want for all women," says Reiser, who will oversee her program's debut at the University of Minnesota Medical School in October (until now the program, which is funded by the Ovarian Cancer National Alliance in Washington, DC, has been based in the New York-New Jersey area).

Each year in the United States approximately 25,000 women are diagnosed with ovarian cancer and about 14,500 will die of it. Nearly 75 percent of women with the disease are diagnosed when it is in advanced stages. Why? Neither the patient population nor the medical community has been sufficiently informed about the early warning signs of the disease, the deadliest of gynecological cancers in this country. To date, no reliable screening test exists for detecting ovarian cancer and results from the ones that do can product false positives and negatives that may lead to misdiagnosis. That's why it is critical that doctors recognize the often-over-looked physical symptoms of the disease. (Of women who are diagnosed early—in stage I—95 percent survive for at least five years, but those diagnosed in the more advanced stages, such as Stages III and IV, have a higher rate of recurrence—from 60 to 85 percent, depending on tumor site, overall health, age and a number of other factors—and may suffer complications that can compromise long –term survival). "We try to orient future doctors to the symptoms and the notion that they do exist," says Reiser, who points out that ovarian cancer was once called "The Silent Killer" because there were seemingly no symptoms."

Indeed, symptoms of the disease may appear benign and therefore often go unheeded: bloating, queasiness, indigestion, back pain, pelvic pain, fatigue, frequent urination, diarrhea, constipation and pain during intercourse are among those to be aware of, particularly if they have been present for three or four weeks. "[The symptoms] may sound trivial, but if they have gone on for that length of time and you're trying to diagnose," Reiser advises that medical students, "consider ovarian cancer as a possibility."

"Survivors Teaching Students: Saving Women's Lives" is a highly personal approach that heightens awareness of ovarian cancer symptoms among medical students with first-hand stories told by ovarian cancer survivors, all of whom were diagnosed in the later stages. The program is a part of the curriculum in participating medical schools—third –year students study in four- to eight-week rotations, each of which focuses on a specific field such as Ob/Gyn. "We're the experiential piece of their learning about gynecological cancers," says Reiser, who works with a core group of about 16 survivors representing a cross-section of age and ethnicity. As they relate their different experiences, the faces and voices of these late-stage survivors help to create a positive and compelling vehicle for education. "We start out with a brief introduction; each survivor then tells her story in a five-minute segment. When they're finished, I tell my own story." Says Reiser. A dialogue between the students and survivors follows, building upon the issues that have been presented.

In addition to discussing the disease, the students also learn about effective doctor-patient communication. LaTrisha Wilson, a 2 1/2 –year survivor, emphasizes that women know their bodies. "If I'm taking time off from work because I feel something is so wrong that I want your professional advice, I don't want you to dismiss my symptoms as something psychological or trivial." The program

Ovarian symptoms, contined:

concludes with a questionnaire asking students to assess the learning experience in terms of its effectiveness. Marsha Newman, an eight year survivor, who was diagnosed with Stage IV disease, says the responses have been "stellar." "Much more memorable than a slide show or lecture," is a typical response. Many students thank the and note that the presentations help them "make a connection between what [they] read in a text and what the disease is like in real life."

Reiser, a former clinical social worker who later became involved in community relations, works closely with participating survivors on the presentation of their stories. "Every story is different," she says "and people will listen more closely if they're not sidetracked by emotional aspects." The women need to present their stories without anger or bias. I help them add and eliminate elements so that when their stories are told, the audience is completely absorbed." In this way, survivors are in a unique position to help medical students become more sensitive to ovarian cancer symptoms and, as a result, create a better likelihood that these future physicians will diagnose patients at an earlier, more treatable stage.

Mamm Magazine, Volume 6, Issue No 1, September/October 2003.

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Laugh Your Way To Better Health

A hearty laugh can go a long way in helping you feel good. And it can help others feel good, too: It's hard to resist laughing when someone else is. Maybe certain movies make you laugh; maybe Sunday cartoons get you to chuckle. What ever it is that makes you laugh, make time for it. It's good for you! Here's what laughter can do for your health:

Gives your heart and lungs a workout. **Research shows that a belly laugh can momentarily increase your heart rate and expand your lungs.**

Helps you relax. **Your pulse and heart rate rise slightly when you laugh. But after laughing, they decrease to below normal, causing a feeling of relaxation. This sense of relaxation can last up to 45 minutes after laughing.**

Boosts the immune system. **Researchers have found that laughter triggers certain chemicals that help the immune system to kick in. These same chemicals decrease when you are under stress.**

Reduces pain. **Laughter may play a role in stimulating endorphins, your body's natural painkillers.**

Improves mood. **Ever notice that you feel better when you laugh? That's because laughter can help you look at life from a lighter side.**

Gives a feeling of control. **The next time you're in the middle of a crisis and feel helpless, try to find something humorous in the situation. It can give you a sense of control. Joking about a problem is one way to rise above it.**

Makes you more creative. **Laughing can help boost your imagination and creativity.**

Reduces anger. **Laughter is a great way to release pent-up anger, which has been linked to high blood pressure and depression.**

Helps with chronic breathing problems. **Laughing can help people who have breathing problems such as emphysema because the change in breathing pattern during laughter aids ventilation and clears mucus.**

Don't be so serious! Everyone needs a good laugh now and then. It's free, it's contagious, and it's good for you!

Source: "Laugh your way to better health," July 2001, Optum. From the AARP Health Care Options Publications, F.Y.I.

Letter from the President:

2004 – a new year and another 12 months for us to celebrate our community and to serve it.

I hope all of you enjoyed the Holidays. So many things to do and see what with the celebrations including Dickens on the Strand, the SISTER's fundraiser, Songfest and the New Year's Eve celebrations!

Since I last wrote here my partner, Pat Gandy, and I have been to the U.K. for the wedding of my daughter and only child, in Scotland. After the wedding we spent time in London and southern England doing genealogy research and touring, including a day trip on the chunnel Eurostar train to Paris. Take it from me - there is no place like the USA and home!

Now it is back to work for us on LHI's annual "Celebration of Love" Valentine Night Dinner/Dance fundraiser with entertainment by the fabulous Kate Clinton. I want to thank everyone in our community for all the support you have given LHI in 2003 and look forward to working with you in 2004.
Lucy Watson

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Executive Board of LHI:
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Houston Black Tie Dinner, Inc.

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LHI Valentine Gala Fundraiser

HWFFL

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LHI is a 501 (c) 3 non-profit organization.

Newsletter Committee:
Composition: Lucy Watson
Mailout: Lucy Watson, Pat Gandy, Delma Cummings, Mina Garcia, Melisa Frisby, Pat Alford, Scottie Scott, Melissa Flories, Patti Gooch.

Signs of a Stroke:
Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.

Sudden confusion, trouble speaking or understanding.

Sudden trouble seeing in one or both eyes.

Sudden trouble walking, dizziness, loss of balance or coordination.

Sudden severe headache with no known cause.

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If you or someone you know has had a stroke, call the Stroke Family "Warmline"
1-800-553-6321

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American Stroke Association
A division of American Heart Association

For a Healthier Heart:
Don't smoke

Have your blood pressure checked regularly

Eat foods low in saturated fats and cholesterol

Stay physically active

Maintain proper weight
The Mended Hearts, Inc.

Call 1-800-AHA-USA1 for a Mended Hearts Chapter for more info. On heart disease or support groups
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HIV's Jurassic Park

By Laurence Gibson
Positive Nation

Scientists in Auckland and Seattle have recreated a viral "dinosaur" – part of the original ancestor of HIV – in an attempt to make a vaccine to stop the virus from spreading. Although still in embryonic form, the researchers believe the vaccine has the best chance of any that have been developed to contain HIV/AIDS.

Auckland University professor Allen Rodrigo told the New Zealand Press Association, "The virus was mutating so quickly that any vaccine based on one of the current strains would quickly become ineffective."

The genetic structure of HIV changes by about 1 percent a year – about four million times faster than genes in any plant or animal genes. Rodrigo decided the only way to tackle such a constantly changing prey was to track down the common element in all varieties of the virus found in the Western world – their original common ancestor.

They found the likely structure of the ancestor by collecting genetic sequences of all the main existing strains and arranging them in a "tree," with each branch made up of strains with similar genetic sequences. Then they arranged the branches in groups of similar sequences, which ultimately led back to the original "trunk".

Jim Mullins, from the University of Washington, Seattle, then took the genetic sequence of part of the "trunk" and made all the chemical compounds (or proteins) that sequence would have produced in the original HIV "ancestor."

Then he injected this artificial HIV virus into rabbit cells, and the cells developed antibodies that fought off the latest natural strains of the virus. "It does seem to protect [against the virus]," Rodrigo said.

"This is very preliminary data. We have a synthetic vaccine of a synthetic virus that appears to create antibodies that can neutralize some of the kinds of HIV," he said. "I hope it will be broader than the existing vaccines that people are now trialing."

The U.S. National Institutes of Health has given $500,000 a year to the project, and the team was seeking the Institutes' support for further laboratory tests and animal trials.

He said he believed the resulting vaccine would probably only be partial – not eliminating HIV, but weakening it so that people with the virus can live longer and, importantly, not pass it on if they had children.

"The best strategy would be to immunize everyone, with the hope that it would weaken the virus in people who get infected and prolong their lifespan," Rodrigo said. "The situation is dire in the developing world, and that is where we fell the greatest effort needs to be directed."

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Self-Empowerment through Personal Boundaries

Having a clear sense of who we are is essential for good self-esteem. This sense of knowing who we are evolves with time and experience. It results in the values and beliefs we have come to call our own. Maturity is knowing our values and beliefs and having the ability to stand up for them.

Emotional boundaries let others know where we stand and what behaviors are acceptable to us and what are not. Boundaries define limits. They define where each of us begins and ends. The Purpose of Boundaries is to give us protection, to help confine and contain us, to define who we are, to help us maintain our sense of self and to help us make safe connections with others.

Asserting and having a voice is important not only for our own self- esteem, but because we teach people how to treat us. Passive people, in general are people pleasers. They often don't assert their own thoughts, feelings and needs and when others don't read their minds, they become victims. They are often codependent, meaning they put others needs ahead of their own, at their expense. Being passive on a regular basis is not having a good boundary. It gives others the message that one can be easily manipulated, used or taken advantage of with enough pressure or intimidation. Aggressive people on the other hand also demonstrate poor boundaries. Unlike the passive person, they are not out to please others. They like to keep others at a distance, giving the message that says, "don't even try and get too close to me". The pay off for them is to get their way. But, they get their own way at another's expense and the definition of that is selfish. Another result of those with an aggressive behavior style is that they avoid intimacy. They let their rigidity define them and loose healthy loving bonds with the greatest resource we all have, other people.

Being able to assert ones self is essential for good boundaries and self-esteem. The difference between assertive and aggressive is that aggressive people also want to get their way but they don't do it at another's expense. They want a win-win situation and will compromise to honor the integrity of the relationship. If you want to speak up and are unsure if it might be aggressive rather than assertive, the rule of thumb is to be honest and direct. These are the main characteristics of assertiveness.

Healthy boundaries are established through the following: 1) by overcoming shame and developing self-esteem, 2) from knowing and talking about your reality and your feelings 3), from identifying and confronting abuse, things that hurt, scare or shame 4), by saying "No!" when we don't really want to do something 5), by asking for what we want and need, 6) by listening to and believing our partners responses to our stated wants and needs.

Some examples of healthy boundaries are when you tell someone when their drinking is getting in the way of your relationship, when you confront a parent that you are not going to have dinner at their house if they criticize you, your weight, your lover or any negative criticism when you haven't asked their opinion. When you give a relationship time to grow before you move in. When you don't let others direct you life or describe your reality. When you make decisions and take responsibility for the consequences. When you speak up at work when you've done all the work and someone else is getting all the credit. When you don't expect others to read your mind. When you can say "no" to food when it's offered that you don't want without fear of offending others. Knowing that you can say "no" or "yes" to sex when it's right for you.

It's never too late to begin! Know that you'll be tested when you assert yourself if it's a new behavior. Others will need proof that you mean what you're saying. It may not always feel good to assert yourself if it's something new but it will get easier with time.

The following are some Boundary Setting Tips to use as a guideline. 1) When you identify that you need to set a limit with someone, do it clearly, preferable without anger and in as few words as possible. 2) You cannot simultaneously set a boundary and take care of another person's feelings at the same time. 3) You'll probably feel afraid and ashamed when you set a boundary, but do it anyway, 4) Anger, rage, complaining, and whining are clues to boundaries you need to set. 5) You'll be tested when you set boundaries. 6) Be prepared to follow through in congruence with boundaries.

The results of healthy boundaries are something you will have with you every day of your life. Good boundaries increase self-esteem and personal confidence. They increase the chance of attracting healthier relationships. They improve communication and foster trust, the two most important things in a relationship. They improve health by making one less vulnerable to depression. Good boundaries positively affects how others see and treat us. As a result we feel more powerful, more empowered and self-controlled.

Denise O'Doherty is a Licensed Marriage and Family Therapist, Certified IMAGO Relationship Therapist, Licensed Drug and Alcohol Counselor and Registered Nurse. She has been in private practice since 1982 and in addition teaches adult empowerment classes in Leisure Learning Unlimited. She has ongoing group sessions for developing boundaries and effective confrontation. You can reach her at (713) 524-9525 or www.relationshiptherapist.com

TAKE CARE OF YOUR LEGAL HEALTH, TOO!

AARP Health Care Options Publications F.Y.I.

Everyone [not just those over fifty] should think about having a power of attorney in addition to a will. A power of attorney allows you to pick someone you trust to handle your affairs if you cannot do so yourself. It gives you peace of mind, knowing that in an emergency someone you choose will have the authority to act for you. If you don't have a power of attorney and you are suddenly incapacitated, your family may have to go through an expensive and time-consuming court action to appoint a guardian or conservator. In addition, family members might disagree on your wishes.

You can have two power of attorney (POA) documents, one for your financial affairs and one for your health care. A financial POA is a written document in which you appoint another adult you trust (the "attorney-in-fact") to act on your behalf. In general, an attorney-in-fact performs functions for you such as paying your bills. The health care POA authorizes the attorney-in-fact to make decisions for you if you are too incapacitated to make them for yourself. In addition, you may attach to the health care POA, a "declaration," often referred to as a "living will" which sets forth your wishes to continue or withhold treatment in the event of a terminal illness. Both of these documents are fairly simple forms to complete but they will help you maintain control of your life in the event of a serious disability no matter what your economic situation might be.

You can give copies of your financial POA to your bank, broker, and other financial institutions. Copies of your health care POA and living will should be given to any doctors who are currently treating you. In case of any hospitalization or emergency room visit, a copy should be given to the facility or the attending doctor. Make sure whoever you have appointed as your respective attorneys-in-fact have access to the original documents and have a copy of their own. You should have these documents drawn up by a lawyer. [If you or your partner belongs to] AARP provides POAs for $35 each through the AARP Legal Services Network, a program of over 1,000 experienced lawyers nationwide who offer reduced-fee services to AARP members. Collectively, the attorneys handle many types of cases ranging from estate planning and POAs to real estate and consumer issues. To find an attorney near you, call 1-800-424-3410 or go to www.aarp.org/LSN.

Editor's note: Perhaps you've been following in the news the sad case of the woman in Florida who has been incapacitated for thirteen years with no hope of recovery barring an outright miracle, and the legal battling between her husband and her birth family. She has no "living will" and even though her husband says she expressed her wishes to him to not live as she is now, they can't take his word. It is not enough to tell someone what you want or don't want. It must be in writing on the proper forms. The Texas Legislature has revised the forms for citizens of Texas. You can find these Texas approved forms on the internet by going to: www.law.uh.edu/peopleslawyer/deathdying.html This site is that of Richard M. Alderman, attorney and professor at the UH, and author of "The People's Lawyer" column in the Houston Chronicle.

Additionally you can go to: www.partnershipforcaring.org/Advance/documents_set.html for Directives and info for all states and the support documents needed. I can tell you from personal experience that in addition to having the proper forms completed, you MUST be sure your physicians (& dentists) understand what you want done or not done. If you end up in the hospital each physician that sees you should have a copy of the documents and there must be a copy in your chart. If you wish to not be resuscitated in the event of cardiac or respiratory failure your attending physician MUST write an order in your chart stating that you are not to be resuscitated or put on life support. You can change your mind if you wish but communication is the key to all of this. Spell it out and take nothing for granted!

LHI CALENDAR OF EVENTS:

February 14 - LHI VALENTINE "CELEBRATION OF LOVE" II - Fundraiser at the Hilton Hotel at Hobby Airport, 8181 Airport Blvd., 6:30pm – 1am. Kate Clinton as entertainer. Served Dinner, and Dance; select item live auction; raffle; Photographer present with photos available that evening. A *wonderful and memorable* evening for all of us. Please call 713-603-0023 or email: lhi@lhihouston.org Tables for 10, or individual tickets for open seating available. Ticket prices are $60 per person in advance and $75 at the door. Visa and MasterCard accepted. Vegetarian dinner available but must be requested by February 10. Proceeds will benefit LHI's programs providing education and health services to the LGBT community.

March 13 - KINDRED SPIRITS REUNION - Annual fundraiser and dance party in the Hornberger Center on Holcombe Blvd. with festivities beginning at 8pm. Raffle. Cash bar. Loads of fun and nostalgia. Tickets prices are $20 in advance or $25 at the door. Proceeds will benefit The Houston Buyers Club, the Montrose Clinic Women's Program, and LHI. For more information call 713-523-2521 (House of Coleman).

Intimacy and Recovery
By Barbara Rabinowitz, PhD

Talking about sexuality is hard but can be therapeutic

In our culture, we joke about sexuality, blare it over the music video networks, pass stories back and forth over email. What we don't do well, and the one thing we best need to do well, is to discuss sexuality. The ability to talk about sex is among the healthy things to do in the service of good relationships. And while that is so for relationships, it becomes even more important when a diagnosis of cancer is involved. Surely when a woman faces cancer, that diagnosis rips into every rhythm of "normal life," potentially affecting interactions between parent and child, among friends and with work colleagues, and the very way a woman views herself and her value in the world. A cancer diagnosis is a lot to take in, and there's a lot to learn—that one never wanted to learn—fairly quickly in order to participate in one's own treatment decisions and to make plans for how best to handle all other urgent responsibilities.

It is a wonder that something so related to the fullness and quality of one's life as sexuality doesn't come up at the beginning. But, as many have said in one fashion or another, "My intimate self? Good grief, I was only focused on whether there would be any 'self' to continue life." Sexuality professionals advise patients to discuss the impact of diagnosis and treatment on intimacy and sexuality even before treatments begin. However, as I have learned from speaking with breast cancer survivors over the last 20 years, this rarely happens, and women looking back at that time often

question whether they would have been prepared to address this even a bit during those early days after their diagnosis.

As women's treatment progresses or even after it is over, the subject remains elusive and is rarely brought up. Much has been written about why this is so. Some suggest that doctors and other health professionals themselves are not comfortable broaching this topic, others suggest that professionals believe the women would bring it up themselves if it were important to them, and still others suggest that women await a cue from their health care professionals that this is an appropriate subject to discuss. For all but those who had abandoned sexuality as a part of their lives even before their cancer diagnosis—and one must neither forget nor demean those for whom that is true—we must convey that their cancer and cancer treatment will very likely have at least a temporary impact on their sexuality, and that they are entitled to get as good information about sexual recovery as they are about any other aspect of recovery.

Women may experience many symptoms that can affect sexuality, such as vaginal dryness, deceased sexual desire and depression. Chemotherapy or radiation-induced fatigue may be problematic in general and affect sexual interest and vitality specifically. These and other emotional and physical effects of cancer and cancer treatment are real.

While the road back to comfort with sexuality make some time and require flexibility and perseverance, there are helpful basics: First, a woman must feel entitled to examine how important intimacy and sexuality are to her and what she wants at this time in her life. Talking about the discomfort or the concerns each or both partners may have about their sexual relationship in a non-blaming and non-defensive manner is vital. Sharing feelings, including fears and anxieties, and affectionate and non-sexual touching may be the most important steps back to full intimate and sexual activity. It's not unusual to hear a woman say, "I just kept talking about how different I felt and how much I worried about [her] feelings, and [she] kept reassuring me...touching me...hugging me...and then somehow we found our way back to everything." And this is often heard from those in gay relationships as well.

Not all sexual difficulties yield that easily, however, so it's important to feel entitled to reach out for help. Some enlightened cancer support groups have addressed these issues, but women are often more comfortable in one-on-one counseling or in brief couples therapy with those who both understand the potential impact of cancer and the field of sexuality. (American Association of Sex Educators, Counselors and Therapists certifies sex therapists, *www.AASECT.org).*

Different professionals offer vital information in various ways, so it's helpful to have many resources for information—previous issues of *MAMM,* Dr. Leslie R. Schover's wonderfully helpful book, *Sexuality and Fertility After Cancer*, and carefully chosen web sites, such as *www.cancerlynx.com/sexuality.html* and *www.cancerpage.com/cancernews/cancernews1500.htm.*

It's not all about intercourse - touching, signs of affection, sensual sharing and other connections are all a part of the intimacy/sexuality chain, and may suffer a blow from cancer diagnosis and treatment. But women should not be uncomfortable feeling what they feel, and should keep talking with one's partner and when it feels right, should talk with those trained to help. It's important to ask questions and to feel entitled to reclaim this important aspect of life.

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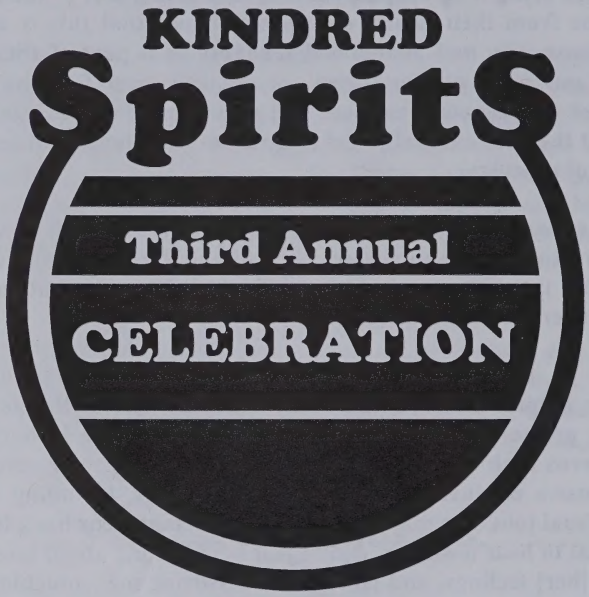
GET YOUR TICKETS NOW!

A Christmas Songfest presents



Saturday, March 13, 2004 • 8pm - 1am

Edwin Hornberger Center • 2151 W. Holcombe

Music by Terry Flores, DJ at Bocados and Boca Chica

Tickets: $20 in advance, $25 at the door. Available at Acadian Bakers, Dacapo's, House of Coleman, Keys West, Lobo's & Meteor.

Benefitting Women's Programs

This year's beneficiaries include Montrose Counseling Center, Montrose Clinic, Houston Buyer's Club and Lesbian Health Initiative.

VALENTINE "CELEBRATION OF LOVE"
RAINBOW
FUNDRAISING GALA

PRESENTED BY THE

LESBIAN HEALTH INITIATIVE (LHI)

SATURDAY, FEBRUARY 14, 2004
6:30pm to 1:00am

HILTON HOTEL HOBBY AIRPORT

8181 AIRPORT BLVD., HOUSTON, TX

DINNER/DANCE

WITH ENTERTAINMENT BY

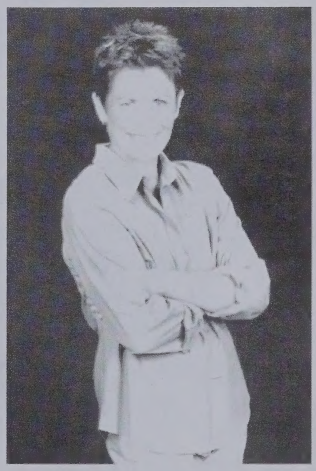
KATE CLINTON

TICKETS $60 PER PERSON BEFORE FEB. 4
TABLES FOR SALE (10 SEATS) – OTHERWISE OPEN SEATING
ADA COMPLIANT VENUE
CHECK, VISA or MASTERCARD

LARGE DANCE FLOOR
THREE CASH BARS
LIVE AUCTION / RAFFLE

VEGETARIAN DINNER AVAILABLE
(Please request in advance by Feb. 10)

PHONE 713-603-0023
EMAIL: lhi@lhihouston.org
Website: www.lhihouston.org

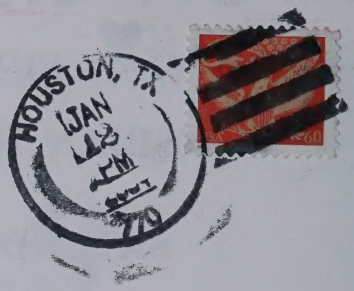


Music/DJ by The Best of Both Worlds, &
Photographer with photos available that night

Get together with your friends to buy a table so you can enjoy the evening with them!!

LHI of Houston, Inc.
P O Box 130158
Houston, Tx 77219-0158

Address Correction Requested



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